



**APPLICATION FOR INSTALLATION OR ALTERATION PERMIT**

State Form 38299 (R4 / 10-99)  
 Approved by State Board of Accounts, 1999

State of Indiana  
 OFFICE OF THE STATE BUILDING  
 COMMISSIONER  
 DIVISION OF ELEVATOR SAFETY  
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675 IAC 12-3-14 Regulated lifting device permitting and certification fees

Authority: IC 22-12-6-6; IC 22-13-2-13 Affected: IC 22-15-5

**Section 14.**

(a) An application for an installation or alteration permit for a regulated lifting device shall be accompanied by payment as follows:

Type of device

- (1) Vertical wheelchair lift, incline wheelchair lift, and incline chair lift \$250 plus \$120 for an operating certificate.
- (2) Any other regulated lifting device, including elevator, escalator, belt manlift, personnel hoist, material lift, SPPE, automated people mover, moving walk, or dumbwaiter \$500 plus \$120 for an operating certificate.

(b) Temporary construction permit for a regulated lifting device shall be accompanied by a payment of one hundred dollars (\$100). *For construction use only. Renewable every 30 days by letter and additional payment of \$100.*

All payments to the office are payable to the Fire and Building Services Fund. The state building commissioner may authorize the refunding of any fee specified in this section which was paid or collected in error.

Name & license number of elevator contractor	Address (number, street, city, state, zip code)	e-mail address	fax number
Name of owner	Address (number, street, city, state, zip code)	e-mail address	
Name of user	Address (number, street, city, state, zip code)	e-mail address	
Telephone number	fax number	Longitude	Latitude

Type :    Installation    Alteration	State Number	Request Temporary Operating Permit	
Passenger    Freight Elevators	Hydraulic    Electric	Belted Manlift	
Dumbwaiter    Escalator	Material Lift    Personnel Hoist	Special Purpose	
Moving sidewalk		Automated People mover	
Vertical Wheelchair Lift	Incline Wheelchair Lift	Incline Chair Lift	
Device Capacity	Contract Speed    FPM	Number of Openings	Total Travel of Device
Platform Size	Contract Number	Type of Control	

<b>PROPOSED ALTERATIONS TO EXISTING EQUIPMENT</b>

**AFFIRMATION OF THE OWNER**

I, the owner, or authorized officer of the owner, of the building in which the regulated lifting device is being installed or altered hereby affirm under penalties for perjury that:

1. This document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.
2. The regulated lifting device will be installed or altered in accordance with all applicable rules adopted by the commission and will not be changed from the design specified in the plans and specifications submitted with the application and released by the office.
3. The contractor responsible for the installation or alteration of the regulated lifting device was chosen under my direction and to the best of my knowledge and belief, after exercising due diligence, has the expertise necessary to install or alter the regulated lifting device in accordance with the rules adopted by the commission.
4. I hereby grant the authority to and require all individuals employed by either the contractor or the owner to immediately suspend the operation of the regulated lifting device upon discovering a condition that could result in the unsafe operation of the regulated lifting device, and to report the discovery of such a condition to the office.
5. I understand that providing false information constitutes an act of perjury, which is a Class D felony punishable by a prison term and a fine of up to \$10,000.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position with Organization \_\_\_\_\_

Name of Organization \_\_\_\_\_

**AFFIRMATION OF THE CONTRACTOR**

I, the contractor, or authorized officer of the contractor, responsible for the installation or alteration of the regulated lifting device hereby affirm under penalties for perjury that:

1. This document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.
2. The regulated lifting device will be installed or altered in accordance with all applicable rules adopted by the commission and will not be changed from the design specified in the plans and specifications submitted with the application and released by the office.
3. All individuals installing or altering the regulated lifting device.
  - (A) have sufficient background, knowledge, skills and training to install or alter, inspect, and maintain the regulated lifting device;
  - (B) have the training and expertise necessary to recognize and report any condition that could result in the unsafe operation of the regulated lifting device;
  - (C) are provided with sufficient on-going training to reasonably ensure that the individuals are proficient in the standards affecting regulated lifting devices that have been adopted by the commission; and
  - (D) possess the requisite authority and are required to immediately suspend the operation of the regulated lifting device upon discovering a condition that could result in the unsafe operation of the regulated lifting device, and to report the discovery of such a condition to the office.
4. I understand that providing false information constitutes an act of perjury, which is a Class D felony punishable by a prison term and a fine of up to \$10,000.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position with Organization \_\_\_\_\_

Name of Organization \_\_\_\_\_